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1949/50

Special Group Plan  
of  
Accident and  
Sickness Insurance



Exclusively  
for the Staff of  
The University of Illinois

University of Illinois  
Urbana, Illinois

To Members Of The Staff:

As a result of the widespread desire and need among the staff members for a sound, yet economical, group hospitalization plan, separate from the student plan, I am pleased to announce that after careful consideration by a special committee of staff members appointed by the President, the Board of Trustees has approved a Staff Hospital—Medical—Surgical Insurance Plan designed to meet your special needs.

The plan has the full endorsement of the committee and will become effective October 1, 1949 for one year for those whose application for coverage is received before that date, otherwise on the first of the month following the date application is received. Those insured under the present student plan which expires September 16, 1949 may be insured for the brief period subsequent thereto and prior to October 1, at the new staff plan benefits by applying for coverage at the Staff Insurance Office, 222 Illini Hall.

This pamphlet explains the coverage in detail. Read it carefully. You will discover that very liberal Hospital—Medical—Surgical benefits have been made available at a low premium cost.

You are urged to take advantage of this opportunity to insure yourself and family with the excellent protection which you have desired and which has been made available through the Continental Casualty Company of Chicago, one of the largest companies of its kind, with a local claim office to expedite the payment of your claims.

The attached application when completed and forwarded with your remittance, on an installment payment plan if you so desire, will be acknowledged by sending you a policy certificate within thirty days of the effective date of your coverage.

Sincerely yours,



Lloyd Morey  
Comptroller

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1949/50

## WHO IS ELIGIBLE?

1. All faculty and staff employees of the University and its branches on the date the plan becomes effective (October 1, 1949) including those not eligible for the student insurance program and the staff of allied surveys or laboratories on the Urbana Campus, may participate in the plan regardless of age, physical condition, occupation, color or sex.

Any employee who joins the University after the plan becomes effective will become eligible for this insurance on the effective date of his or her employment.

2. Spouses of persons insured, not divorced or separated and unmarried children over one month and under nineteen years of age, who are not otherwise eligible under the student group plan of the University, are eligible for participation.
3. If you do not have eligible dependents on the date your insurance becomes effective but have eligible dependents at a later date, such dependents will be protected from the first of the month following the date they become eligible, providing your application for dependents benefits is received prior to that date.
4. Medical examination is *not* required *if* your application is received before October 1, 1949, or within thirty days after you are otherwise eligible. If you do not subscribe within this period you will have to satisfy the insurance company that you are in good health and may be required to pass a medical examination.
5. *Staff members will no longer participate in the student group plan.*

## **WHAT BENEFITS ARE PROVIDED?**

The following reimbursements benefits will be provided against loss to you as the insured and your eligible dependents, if coverage is applied for, resulting directly and independently of all other causes from non-occupational, accidental bodily injuries sustained during the term of your coverage and against loss resulting from disease contracted during the term of your coverage providing you are confined in residence in a legally constituted and approved hospital for a continuous period of at least twelve hours and treated by a legally qualified physician or surgeon:

### **HOSPITAL ROOM AND BOARD BENEFITS**

\$6.50 per day for each day of such hospital residence subject to a limitation of \$201.50 per each thirty-one day confinement for any one insured or eligible dependent member of the insured.

### **MISCELLANEOUS HOSPITAL SERVICE BENEFITS**

\$32.50 allowed on incurred expenses for laboratory tests, anesthesia, or administration thereof, use of operating room, medicine, drugs and dressings (X-ray excluded) per each thirty-one day confinement for any one insured or eligible dependent member of the insured.

### **MEDICAL EXPENSE BENEFITS**

\$3.00 per day for not more than two-thirds the number of days the insured or eligible dependent member of the insured is in residence in a hospital as stated above subject to an overall limitation of \$62.00 per any one thirty-one day confinement for any one insured or eligible dependent member of the insured. (Medical expense benefits excluded if a surgical operation indemnity benefit is payable for the reason that the surgical benefits which have been allowed, as indicated hereinafter, are very liberal and include the charges for both pre-operative and post-operative care.)



## SURGICAL OPERATION BENEFITS

Actual expense for surgical treatment is allowed subject to the limits specified in the attached schedule of benefits for surgical procedures, which benefits are equal to one and one-half times those of a normal surgical schedule. (If two or more surgical procedures described herein are performed at any one time during one continuous period of disability the total amount payable shall not exceed the maximum surgical payment of \$225.00.)

## MATERNITY BENEFITS

If a member is hospitalized as indicated above as a result of pregnancy, child-birth or miscarriage not more than \$30.00 shall be payable for hospital residence indemnity, \$5.00 for miscellaneous hospital services and \$20.00 for physician's indemnity during any one pregnancy.

Maternity benefits are available *immediately* at October 1, 1949 to those whose application is received *prior* to that date; otherwise such maternity benefits shall be available only after ten months membership in this plan.

## EXCLUSIONS

The insurance offered under this plan does not apply for refraction or expense of eyeglasses; or dental surgery except for removal of impacted teeth requiring hospitalization.

## TERMINATION OF INSURANCE

The insurance of an insured or eligible dependent members of the insured shall cease automatically on:

- a. Termination of employment by the insured with the University;\*
- b. The date a dependent child attains the age of nineteen years;
- c. The date a dependent child becomes eligible under the student group plan of the University.

\* (Premium paid for any period not covered by the policy will be refunded upon request.)

## WHAT IS THE COST?

The benefits described herein may be purchased at a monthly cost of \$1.35 for a single employee, \$2.90 for an employee and one dependent (spouse or child), and \$3.75 for an employee and two or more dependents (spouse and/or children). Premiums may be paid on an annual, semi-annual or quarterly basis as shown in the following schedule at the option of the insured *if your application is received prior to October 1, 1949:*

### PREMIUM SCHEDULE

	Quarterly	Semi-Annual	Annual
Employee only	\$ 4.05	\$ 8.10	\$16.20
Employee and one dependent	8.70	17.40	34.80
Employee and two or more dependents	11.25	22.50	45.00

## HOW DO I PARTICIPATE?

1. Complete the attached application, detach from pamphlet and forward with remittance payable to the University of Illinois to the "Bursar's Office", Administration Building. Any questions which you may have regarding the plan will be gladly answered by Mr. D. A. Tanner of the Staff Insurance Office, 222 Illini Hall, Extension 2952.

For the Chicago Undergraduate Division, applications will be accepted at the Cashier's Office, R-12A, questions may be answered by W. O. Brown, Extension 101.

2. Your receipted hospital, medical and/or surgical bills should be submitted *in detail* direct to the Staff Insurance Office for reimbursement to you. If you prefer, you may make an assignment to the hospital and physicians concerned by use of assignment forms available at the Staff Office, in which case payment for bills will be made direct to the hospitals and physicians involved.

## SCHEDULE OF BENEFITS FOR SURGICAL PROCEDURES

DESCRIPTION OF OPERATION	MAXIMUM BENEFIT
<b>Abdomen and Pelvic cavity</b>	
Cutting into abdominal or pelvic cavity for diagnosis or treatment of organs therein (except curettage and gynecological repair procedures without abdominal approach unless otherwise specified in the schedule) Caesarian operation excluded.	\$150.00
Gynecological repair procedures without abdominal approach	75.00
Dilatation and curettage (non-puerperal)	37.50
Cauterization or conization	22.50
Abscess (See "Incision")	
Abrasions, Contusions, Sprains and Lacerations	30.00
<b>Amputation of</b>	
Thigh	112.50
Leg, entire foot, arm, forearm or entire hand	75.00
Thumb, fingers or toes, each (one entire phalanx)	15.00
Blood Transfusions (including donor's fee), each	37.50
<b>Breast</b>	
Amputation (See "Tumors")	
Abscess (See "Incision")	
<b>Chest</b>	
Complete thoracoplasty or removal of portion of lung	225.00
Other cutting into thoracic cavity for diagnosis or treatment (tapping excepted)	60.00
Bronchoscopy, one or more	52.50
Induction of artificial pneumothorax	37.50
<b>Dislocation, Reduction of</b>	
Hip, or knee joint (patella excepted)	52.50
Shoulder, elbow or ankle joint	37.50
Lower jaw or wrist joint	22.50
Collarbone or bones of hand or foot	15.00
Patella	15.00
For dislocations requiring an open operation the maximum amount of reimbursement will be twice the amount shown above.	
<b>Ear, Nose or Throat</b>	
Mastoidectomy, One side	112.50
Mastoidectomy, both sides	150.00

DESCRIPTION OF OPERATION	MAXIMUM BENEFIT
Ear, Nose or Throat (continued)	
Tonsillectomy, or tonsillectomy and adenoidectomy	37.50
Sinus operation by cutting (puncture or antrum excepted)	52.50
Puncture of antrum	7.50
Submucous resection of nasal septum	52.50
Tracheotomy	52.50
Bronchoscopy (See "Chest")	
Any other operative procedure (tapping excepted)	15.00
Excision (Entire section, See "Joints and Bones")	
Eye	
Any cutting operation into the eyeball (through the cornea or sclera)	75.00
Any cutting operation on eye muscles for strabismus	52.50
Removal of eyeball	52.50
Removal of foreign body from cornea or sclera	7.50
Any other cutting operation on eyeball	30.00
Any other operative procedure on eyeball	15.00
Fracture, Treatment of	
Thigh, leg, kneecap, upper arm, vertebra or vertebrae, or pelvis (coccyx excepted)	75.00
Jaw (alviolar process excepted), skull, collarbone, shoulder blade or forearm	37.50
Hand, feet, or sternum	22.50
Fingers or toes, one or more	15.00
Nose, rib or ribs	15.00
Coccyx	15.00
The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.	
Genito-Urinary Tract	
Removal of kidney	225.00
Cutting into or fixation of kidney (see "Abdomen and Pelvic Cavity")	
Removal of tumors or stones in kidney, ureter or bladder by cutting operation (See "Abdomen and Pelvic Cavity")	
By crushing, cauterization or endoscopic means	37.50
Stricture of urethra	
Open operation	75.00



DESCRIPTION OF OPERATION	MAXIMUM BENEFIT
Genito-Urinary Tract (continued)	
Intra-urethral cutting operation	37.50
Removal of entire prostate by open operation (complete procedure)	225.00
Removal of part of prostate	
By endoscopic means	60.00
By other cutting operation	112.50
Circumcision	22.50
Varicocele, cutting operation on	37.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	37.50
Orchidectomy or epididymectomy	52.50
Complete removal of uterus, tubes and ovaries	225.00
Other operations on uterus and its appendages (see "Abdomen and pelvic Cavity")	
Cystoscopy (one or more)	22.50
Goitre	
Thyroidectomy (complete procedure, including ligation or thyroid arteries, to be treated as one operation)	225.00
Ligation of thyroid arteries not followed by thyroidectomy	
One or more at one operation	75.00
Two or more stage operations	112.50
(Complete procedure to be treated as one operation)	
Hernia	
Cutting operation for radical cure	
Single hernia	75.00
More than one hernia	112.50
Injection method (entire course of treatment)	75.00
Incision and Drainage, Debridement or Removal of Foreign Bodies	37.50
Joints and Bones	
Excision of fixation of shoulder, hip, or sacro-iliac joints	150.00
Knee joint	112.50
Elbow, wrist or ankle joint	75.00
Cutting into shoulder, hip, knee, elbow, wrist or ankle joints for diagnosis or treatment of intra-articular structures (tapping excepted)	37.50
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	75.00
Exostosis—hand or foot	37.50
Ligaments and Tendons	
Cutting operation	37.50
Suturing of tendons, single	37.50
Suturing of tendons, multiple	60.00

DESCRIPTION OF OPERATION	MAXIMUM BENEFIT
<b>Nerves</b>	
Sympathectomy	150.00
Phrenectomy	75.00
Repair	37.50
<b>Paracentesis, Tapping of</b>	
Abdomen, chest, or bladder (other than catheterization)	15.00
<b>Rectum</b>	
Cutting operation or injection treatment for radical cure of hem- orrhoids (complete procedure)	37.50
Cutting operation for prolapsed rectum or fistula in ano	37.50
Other operative procedures	15.00
<b>Skull</b>	
Cutting into cranial cavity (drill taps excepted)	225.00
<b>Spine or Spinal Cord, Operation with</b>	
Removal of portion of vertebra or vertebrae (Coccyx and processes excepted)	225.00
Removal of part of, or all of coccyx or vertebral process	75.00
<b>Suturing</b>	
Accident wounds	7.50
<b>Teeth, Removal of Impacted Teeth, each (see exclusions)</b>	37.50
<b>Toenails, Ingrown—cutting operation</b>	37.50
<b>Tumors, Removal of</b>	
Malignant tumors except those of face, lip or skin	150.00
Malignant tumors of face, lip or skin	37.50
Benign tumors or cysts	37.50
Pilondidal or dermoid cysts	52.50
<b>Varicose Veins, cutting operation or injection treatment (complete pro- cedure on all veins)</b>	60.00
The above amounts include the charge for both pre-operative and post-operative care.	
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	

**COMPLETE, DETACH AND FORWARD TO BURSAR'S OFFICE ADMINISTRATION BUILDING  
APPLICATION FOR UNIVERSITY HOSPITAL—MEDICAL—SURGICAL INSURANCE**

*Print clearly or type*

1. Name..... Last..... First..... Middle..... Sex..... Age.....
2. Home Address..... Street..... City..... State..... Phone.....
3. University Address..... Room..... Bldg..... Dept..... Phone Ext.....
4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from any physical impairment or disease? (Give details of all exceptions).....

5. What members of your family desire to be insured? (To be answered only if family insurance is applied for)

Spouse		Children			
Name	Age	Name	Age	Name	Age
		Name	Age	Name	Age
6. This insurance becomes effective Oct. 1, 1949 if application is received before that date, otherwise on the first of the month following date application is received. (If application is made after October 1, compute the premium due by multiplying the number of months remaining, starting with the first month following the date of application through Sept., 1950, times the appropriate monthly premium rate shown below.)					
7. Indicate method and amount of payment: ( ) Annual \$.....; ( ) Semi Annual \$.....; ( ) Quarterly \$..... (Deferred premium payments permissible only when application is received prior to October 1st.)					
8. PREMIUM RATES		QUARTERLY		SEMI ANNUAL	
Employee Only		\$ 4.05		\$ 8.10	
Employee and one dependent		8.70		17.40	
Employee and two or more dependents		11.25		22.50	
				ANNUAL	
				\$16.20	
				34.80	
				45.00	

9. Date signed..... Signature of Employee.....

ATTACH REMITTANCE, PAYABLE TO THE UNIVERSITY OF ILLINOIS, TO APPLICATION—MAIL TODAY.

Chicago Undergraduate Division Staff members submit remittance and application to Cashier's Office R-12-A.

## CLAIM RECORD

Type of Surgery: .....

## PREMIUM RECORD



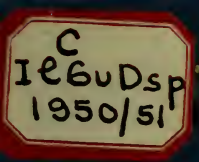
Chicaga Undergraduate Division Staff members submit remittance and application to Cashier's Office R-12--A.

Kathryn Oller  
200 Library

UNIVERSITY OF ILLINOIS-URBANA



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# 1950-51

## Accident and Sickness

## Group Plan



Exclusively

for the Staff of

The University of Illinois

and

their Families

University of Illinois  
Urbana, Illinois

To Members Of The Staff:

A year ago a Special Group Accident and Sickness Plan, written expressly for members of the Staff, was inaugurated at the University of Illinois. Your response for this low-cost, broad-form protection was above expectations and I am happy to announce that improvements therein have been made to meet your indicated needs, for the coming year effective October 1, 1950.

During the first 10 months of the present policy year over 1000 claims were paid promptly by the Continental Casualty Company of Chicago, the Company currently providing this protection. You can be sure of a continuance of this good service with the aid of our own local claim office to expedite payment.

We commend this Improved Plan. After you have examined this folder carefully, we believe you will attest to the value of the protection available to yourself and members of your family. The large number already participating is indicative of the excellent protection offered at rates which are lower than any similar protection which you might purchase on an individual basis.

Present members need not file a new application -- merely remit the correct renewal premium shown on your premium notice. Those who do not now have this protection but are desirous of securing it need only complete the enclosed application and forward it with the necessary premium (on an installment basis if you desire, providing you apply prior to October 1st) to the Bursar's Office, 100b Administration.

All participants will receive a Policy Certificate on the New Broad-Form Policy within 30 days after the effective date of your coverage.

Cordially yours,

A handwritten signature in cursive script, reading "Lloyd Morey".

Lloyd Morey  
Comptroller



IL6u Dsp  
1950/51

## NEW ADDED FEATURES

### 1. X-Ray Benefits

Included for the First Time.

### 2. Doctor's Calls

Paid on a per call Basis.  
While Hospitalized.

### 3. Hospital Out-Patient Benefits Now Added

. . . . . without the necessity of  
hospital confinement.

### 4. Maternity Benefits Increased

. . . . . and payable on a flat  
rate basis.

### 5. Surgical Benefit Allowances

. . . . . have been revised in-  
cluding certain additions and dele-  
tions thereto resulting in an over-  
all improvement.

### 6. Blood Transfusions

. . . . . when administered, double  
the Miscellaneous Hospital Serv-  
ice Benefits.

## THE NEW PLAN OFFERS YOU AND YOUR FAMILY

When hospital confined for at least twelve consecutive hours.

### HOSPITAL ROOM AND BOARD BENEFITS UP TO

\$6.50 a day, payable to a maximum of \$201.50.

### MISCELLANEOUS HOSPITAL SERVICE BENEFITS UP TO

\$32.50 for tests, anaesthesia, use of operating room, medicine, drugs, dressings and X-Rays for each thirty-one day confinement. If blood transfusions are administered during the confinement the aggregate amount payable is increased to \$65.00.

### MEDICAL EXPENSE BENEFITS

\$3.00 per call per day for doctor's visits while confined to a hospital when no surgery is performed. Payable to a maximum of \$93.00 for each thirty-one day confinement.

### SURGICAL OPERATION BENEFITS

Actual expense for surgical treatment while hospital confined is allowed to the limits specified in the schedule following. The total amount payable for any surgery cannot exceed the maximum surgical payment of \$225.00.

### MATERNITY BENEFITS

Pays, \$65.00 for delivery; \$130.00 for a Caesarean section; \$32.50 for a miscarriage; if the inception of the pregnancy occurred at least 30 days after the effective date of the policyholders coverage.

### OUT-PATIENT HOSPITAL EXPENSE

Pays up to \$10.00 for expense incurred at a hospital as a result of accidental injury, if treated within 24 hours of the time of the accident. Hospital expense includes X-Rays, Drugs and Medicines (*Hospital Confinement unnecessary*).

## WHO ARE ELIGIBLE?

- 1.) All full-time and part-time Faculty and Staff Employees of the University and its Branches, the Staff of Allied Surveys and Laboratories on the University Campus, and the Athletic Association Staff may participate in the plan regardless of age, physical condition, occupation, color or sex.
- 2.) Employees who join the University become eligible for this insurance at the effective date of their employment and may be insured on the first quarterly date following the date application is RECEIVED.
- 3.) Such employees enumerated above may continue to participate should they take disability leave, sick leave or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year.
- 4.) Employees entering retirement are eligible to continue participating if they participated for at least one year immediately prior to the time of retirement.
- 5.) Employees who have retired and who have participated continuously since prior to the time of their retirement are eligible to continue participation.
- 6.) Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those legally adopted) over one month and under nineteen years of age, who are not otherwise subject to the Student Group Plan of the University, are eligible for participation.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage is RECEIVED prior to that date, otherwise on the first quarterly date following the date application is RECEIVED.

- 7.) Unmarried spouses and/or other eligible dependents of deceased employees, including those of retired employees covered above, are eligible to continue participation.
- 8.) A medical examination is not required; however, you and your eligible dependents will be covered only for any injury or disease which had its inception *after* the effective date of your entry into the University Employee Insurance Plan.

## HOW DO I TAKE PART?

*Present participants* in the Staff Insurance Plan need *not* complete a new application . . . . . merely keep your premium paid. A new Insurance Certificate and a premium notice will be sent through automatically.

New members are required to complete the enclosed application and send it with the correct remittance to the Bursar's Office Room 100-B, Administration Building. *All remittances should be made payable to "The University of Illinois"*. Remittances and applications received previous to October 1, 1950 will be effective of that date. Remittances and applications received after October 1, 1950 will become effective on the first quarterly date following the date application is received. *New enrollment periods are limited to quarters.*

**ONLY NEW MEMBERS ARE REQUIRED TO FILL OUT THE ENCLOSED APPLICATIONS—**

**QUESTIONS ARE WELCOMED AT THE STAFF INSURANCE OFFICE,  
221 ILLINI HALL, EXT. 2802**

### Quarterly Effective Dates

Oct. 1, 1950—Jan. 1, 1951—April 1, 1951—July 1, 1951

## THE COST OF THE INSURANCE

	Quarterly	Semi- Annually	Annually
Employee Only . . . . .	\$ 4.05	\$ 8.10	\$16.20
Employee and <u>one</u> dependent . . . . .	8.70	17.40	34.80
Employee and <u>two</u> or more dependents . . . . .	11.25	22.50	45.00

## HOW ARE CLAIMS PAID?

Merely send your itemized bills to the Staff Insurance Office. All hospital bills must be supported by a University blue claim form completed by the hospital.

## THE ONLY EXCLUSIONS

This insurance does not apply for expense of eyeglasses; nor dental treatment and dental surgery; nor for loss due to disease contracted or injury sustained *previous* to the effective date of the individual's insurance; nor injury or disease covered under a Workmen's Compensation Law or Arrangement.

## COVERAGE AFTER TERMINATION

The maternity coverage will be extended for nine months after the termination of the individual's insurance, if such insurance has been in effect for at least nine months.

*See other side for Schedule of Surgical Benefits.*



# SCHEDULE OF BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Amount of Benefit
<b>1. ABDOMEN &amp; PELVIC CAVITY</b>	
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule) .....	\$150.00
Appendectomy .....	150.00
Adhesions .....	150.00
Cholecystectomy .....	150.00
Cholecystotomy .....	150.00
Choledochostomy .....	150.00
Colostomy .....	112.50
Cystotomy .....	150.00
Diverticulectomy .....	150.00
Gastrectomy .....	150.00
Gastroscoy .....	52.50
Herniorrhaphy, single .....	75.00
Herniorrhaphy, double .....	112.50
Herniotomy, single .....	75.00
Herniotomy, double .....	112.50
Hernia—injection method (entire course of treatment) .....	75.00
Laparotomy .....	150.00
Splenectomy .....	150.00
<b>2. ABDOMEN—FEMALE SURGERY</b>	
Cervical Biopsy .....	15.00
Cervical Polyp .....	37.50
Cervix, amputation .....	75.00
Cervix, cauterization .....	22.50
Cervix, conization .....	22.50
Cervix, dilation .....	15.00
Colporrhaphy .....	37.50
Cystocele .....	37.50
Dilatation and Curettage .....	37.50
Gilliam Suspension .....	150.00
Hymenectomy .....	22.50
Hysterectomy or Panhysterectomy .....	150.00
Hysterectomy or Panhysterectomy Vaginal approach .....	75.00
Oophorectomy .....	150.00
Salpingectomy .....	150.00
Salpingoophorectomy .....	150.00
Panhysteroophorectomy .....	150.00
Panhysterosalpingectomy .....	150.00
Panhysterosalpingoophorectomy .....	225.00
Rectocele .....	37.50
Trachelorrhaphy .....	75.00
Tubal inflation .....	22.50
Tubal ligation .....	150.00
Uterus—	
Retroversion of suspension, correction by Abd. Approach .....	150.00
By Vaginal Approach .....	75.00
Vaginal Prolapse .....	150.00

Description of Operation	Amount of Benefit
<b>3. AMPUTATION</b>	
Entire foot, arm, forearm, or entire hand .....	\$ 75.00
Fingers or toes, each (one entire phalanx) .....	15.00
Leg (below knee joint) .....	75.00
Thigh (above knee joint) .....	112.50
Thigh, inc. entire hip joint .....	150.00
<b>4. BREAST</b>	
Amputation, single or double .....	150.00
Biopsy for diagnosis .....	15.00
<b>5. CHEST</b>	
Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Cutting into Thoracic cavity for diagnosis or treatment .....	60.00
Induction of Art.	
Pneumothorax .....	37.50
Pneumonectomy .....	225.00
Pneumolysis .....	60.00
Thoracotomy .....	60.00
Thorocoplasty (complete) or removal of portion of lung .....	225.00
<b>6. CYSTS</b>	
Bakers .....	30.00
Bronchial .....	75.00
Dermoid .....	52.50
Ganglion .....	15.00
Papillomas .....	7.50
Pilonidal .....	75.00
Scalp or Skin .....	15.00
Sebaceous .....	15.00
Thyroglossal .....	75.00
Wen .....	15.00
<b>7. DISLOCATION, Reduction of</b>	
Ankle, Elbow or Shoulder .....	37.50
Bones of hand or foot .....	15.00
Collarbone, Kneecap or Patella .....	15.00
Hip or Knee .....	52.50
Lower Jaw or Wrist .....	22.50
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	
<b>8. EAR</b>	
Fenestration (one side) .....	112.50
Fenestration (both sides) .....	150.00
Mastoidectomy (one side) .....	112.50
Mastoidectomy (both sides) .....	150.00
Myringotomy .....	15.00
Polyps removal .....	15.00



Description of Operation	Amount of Benefit
<b>9. EYE</b>	
Cataract needling .....	\$ 52.50
Cataract removal .....	75.00
Chalazion on eyelid .....	15.00
Corneal ulcer .....	7.50
Detached retina .....	75.00
Enucleation or evisceration.....	75.00
Foreign body removal.....	7.50
Glaucoma .....	75.00
Iridectomy .....	37.50
Keratotomy .....	37.50
Lachrymal gland or sac.....	37.50
Pterygium .....	30.00
Removal of eye .....	75.00
Sclerotomy .....	37.50
Strabismus, one or more stage	52.50

## 10. FRACTURES

Arm (upper), Kneecap (Patella), Lower Leg (Tibis, Fibula), Olecranon, Pelvis, Tibia & Fibula, Spine, Thigh or Vertebra .....	75.00
Arm (lower), Collarbone (clavicle), Jaw (alveolar process excepted), Shoulder Blade (scapula) or Skull.....	37.50
Hand, Feet or Sternum.....	22.50
Nose, Coccyx, Rib or Ribs.....	15.00
Fingers or Toes, one or more	15.00

The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

## 11. GENITO-URINARY

Cystoscopy (one or more).....	22.50
Cystostomy .....	112.50
Epididymectomy .....	52.50
Hydrocele, excision, or incision & treatment of sac (tapping excepted) .....	37.50
Kidney, entire removal.....	225.00
Kidney, cutting into for stones, infection or tumor.....	150.00
Nephrectomy .....	225.00
Nephropexy or Nephrotomy.....	150.00
Orchidectomy .....	52.50
Perineoplasty .....	75.00

Description of Operation	Amount of Benefit
<b>11. GENITO-URINARY (Cont.)</b>	
Removal of tumors or stones in Bladder, kidney, or ureter by crushing, cauterization or endoscopic means .....	\$ 37.50
Removal of entire prostate by open operation (complete).....	225.00
Removal of part of prostate by endoscopic means .....	60.00
by other cutting operation.....	112.50
Stricture, Cystoscope for dilation to promote passage of urine .....	15.00
Stricture of Uretha	
Open operation .....	75.00
Intra-urethral cutting operation .....	37.50
Stress Urinary Incontinence (Kelly ureteral plastic).....	37.50
Varicocele, Cutting operation on .....	37.50
Vasectomy (total removal).....	37.50
Vasotomy (an incision only).....	22.50

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted) .....	25.00
Bunions (one or more).....	25.00
Bursa .....	30.00
Corns (one or more).....	15.00
Carbuncle .....	15.00
Debridement .....	25.00
Extosis (hand or foot).....	25.00
Foreign body under skin.....	7.50
Ganglion .....	15.00
Glands, simple .....	15.00
Moles (one or more).....	15.00
Toenails, ingrown (one or more) .....	15.00
Ulcer .....	15.00
Warts (one or more).....	7.50
Wen .....	15.00

## 13. JOINTS AND BONES

Bone graft .....	50.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	60.00
Excision or Fixation of ankle elbow or wrist joints.....	37.50
Knee joint .....	112.50
Hip, sacroiliac or shoulder joints .....	150.00
Ligaments and Tendons	
Cutting operation .....	37.50
Suturing of tendons, single.....	37.50
Suturing of tendons, multiple	60.00

### 13. JOINTS AND BONES (Cont.)

Removal of diseased portion of bone, including curettage (alveolar processes excepted).....	\$ 60.00
Removal of Spurs from finger or heel .....	22.50
from hip .....	50.00
Removal of portion of Vertebra or vertebrae (coccyx processes excepted) .....	225.00
Removal of part of, or all of coccyx or vertebral process .....	75.00

### 14. NERVES & NEUROSURGERY

Anastomosis .....	112.50
Chordotomy (unilateral or bilateral) .....	150.00
Cutting into Cranial Cavity (drill taps excepted).....	225.00
Decompression .....	150.00
Laminectomy .....	225.00
Phrenectomy .....	75.00
Repair .....	37.50
Sympathectomy .....	150.00

### 15. NOSE AND THROAT

Adenoidectomy .....	15.00
Antrum puncture .....	7.50
Antrum window .....	15.00
Bronchoscopy, one or more (removal foreign body or biopsy) .....	52.50
Ethmoidectomy .....	52.50
Frontal Sinus .....	52.50
Larynx Intubation .....	37.50
Larynx Polyp removal.....	22.50
Laryngectomy .....	150.00
Laryngoscopy Diagnostic .....	22.50
Laryngoscopy Operative.....	52.50
Ligation Thyroid arteries only .....	75.00
Ligation Thyroid arteries (two stage operation) .....	112.50
Lobectomy .....	150.00
Neoplasma of Larynx .....	112.50
Polyp, removal nasal.....	15.00
Polyp, removal (bilateral) .....	30.00
Salivary Calculus, removal.....	15.00
Submucous resection .....	52.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50
Tags, tonsil .....	15.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries .....	225.00
Thyroidectomy, partial only .....	150.00
Tongue Tie .....	15.00
Tonsillectomy, or tonsillectomy and Adenoidectomy .....	37.50
Tracheotomy .....	52.50

### 16. OBSTETRICAL

Entire section (covering Abortion or Miscarriage, including all corrective procedure; Casearian section and delivery. Delivery of child or children, including entire accouchement; Extrauterine pregnancy; Tubal pregnancy or Ectopic) Limited to "Maternity Benefits." See Page Two.

### 17. RECTUM

Anal Crypts .....	\$ 15.00
Carcinoma .....	150.00
Fissure .....	15.00
Fistula .....	52.50
Hemorrhoids, Cutting operation or Injection treatment for radical cure (complete procedure) .....	52.50
Polyp .....	22.50
Prolapsed Rectum .....	52.50
Stricture of anus .....	37.50

### 18. TUMORS

Benign .....	37.50
Bladder .....	150.00
Brain .....	225.00
Kidney .....	150.00
Malignant of face, lip, or skin.....	37.50
Malignant, except of face, lip, or skin .....	150.00

### 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins) .....	60.00
Incision of thrombosed vein.....	15.00
Saphenous vein ligation .....	37.50

### 20. VARIOUS—MISC.

Abrasions, Concussions, Contusions, and Sprains .....	20.00
Blood Transfusions, each (administration of) .....	15.00
Paracentesis, Tapping .....	15.00
Radium or X-ray therapy (complete treatment) .....	15.00
Skin Grafting, initial .....	37.50
Each add'l grafting .....	7.50
Suturing accidental wounds.....	7.50

The above amounts include the charges for both pre-operative and post-operative care. In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.

Il6uDsp  
1951/52



# Special Group Plan of HOSPITAL-MEDICAL SURGICAL INSURANCE

*Second Anniversary*

Exclusively  
for The Staff of

The University of Illinois  
and Their Families

1951

1952

THE LIBRARY OF THE  
MAR 18 1952  
UNIVERSITY OF ILLINOIS





University of Illinois  
Urbana, Illinois

To Members Of The Staff:

October 1, 1951 marks the Second Anniversary of the University Staff Hospitalization Insurance Plan open to voluntary participation by all University Employees. I am pleased to call your attention to the service that is being rendered to an increasing number who choose to participate in this Well-Balanced, Low-Cost Plan:

1. More than 7500 persons are already insured under this Plan.
2. In excess of \$150,000 has been paid out in Hospital—Medical—Surgical benefits to participating Employees and their families.

In addition, I wish to point out some of the advantages which participating employees are enjoying from this Group Plan:

1. The same original low-cost of our Plan remains unchanged even for the policy year 1951-52 in contrast to the upward trend nationwide in the cost of such insurance due to increasing hospitalization costs. Benefits have been altered slightly at a few points where considered necessary to obtain the most value for your investment.
2. We have our own Staff Insurance Office to expedite the handling of your claims.
3. The protection is being provided by a sound company—The Continental Casualty Company of Chicago.

To those who are without the protection of This Plan—designed to meet your special needs—we ask that you consider the tremendous value available to You and Your Family. You are reminded to Apply Now so that you will have the protection when it is needed.

Sincerely yours,



Lloyd Morey  
Comptroller



<sup>C</sup>  
Il6u Dsp  
1951/52

## WHO ARE ELIGIBLE?

1. All full-time and part-time Employees of the University of Illinois and its Branches, the Staff of Allied Surveys and Laboratories on the University Campus, and the Athletic Association Staff may participate in the plan regardless of age, physical condition or occupation.
2. Employees who join the University become eligible for this insurance at the effective date of their employment and may be insured on the first quarterly date following the date application with proper remittance are RECEIVED.
3. Such employees enumerated above may continue to participate should they take approved disability leave, sick leave or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year.
4. Employees entering retirement during the 1951-52 policy year are eligible to continue participating if they participated for at least one year immediately prior to the time of retirement.
5. Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those legally adopted) over one month and under nineteen years of age, who are not otherwise subject to the Student Group Plan of the University, are eligible for participation.  
Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance are RECEIVED prior to that date, otherwise on the first quarterly date following the date application and remittance are RECEIVED.
6. Unmarried spouses and/or other eligible dependents of deceased employees, including those of retired employees covered above, are eligible to continue participation.
7. Medical examination is not required; however, you and your eligible dependents will be covered *only* for any injury or disease which had its inception after the effective date of your entry into the University Employee Insurance Plan.

## LIBERAL BENEFITS ARE PROVIDED . . .

The following HOSPITAL—MEDICAL—SURGICAL expense reimbursement benefits are available to you as the insured, if coverage is already in effect or will be applied for, and your eligible insured dependents against loss *resulting directly and independently of all other causes from non-occupational, accidental bodily injuries sustained during the term of your coverage and against loss resulting from disease contracted during the term of your coverage* subject to all of the provisions as outlined herein.

### PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, *the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence in a legally operated hospital for a continuous period of at least twelve hours*, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$6.50 per day for such hospital residence but in no event will the company's payments exceed \$201.50 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART II MISCELLANEOUS HOSPITAL SERVICE EXPENSE

If, on account of such injuries or disease *and while in residence in a hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, and X-rays, the company will pay the actual expense thereof not to exceed in the aggregate \$32.50 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART III PHYSICIAN'S EXPENSE

If, on account of such injuries or disease *and while in residence in a hospital as provided in Part I*, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each day not to exceed \$3.00 per day but in no event will the company's payments exceed \$93.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

#### PART IV                      SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease *and while in residence in a hospital as provided in Part I*, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Benefits for Surgical Procedures contained herein.

If two or more of the surgical procedures described herein are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical payment of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

#### PART V    MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the policy until this policy has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy; if the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously covered under the policy that this policy replaces, the effective date of such maternity coverage shall be the effective date of the maternity coverage of that policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, miscarriage, or any illness related to any of these, the maximum allowance for the combined Hospital—Medical—Surgical expense shall not exceed \$65.00 for delivery of child or children or any illness related thereto; \$130.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$32.50 for miscarriage or any illness related thereto. (If *any* benefits are payable under this part of the policy no allowance under any other part of the policy is payable.)

#### PART VI   MISCELLANEOUS HOSPITAL—OUTPATIENT EXPENSE

When by reason of such injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated in a hospital within 24 hours after the occurrence

of such injuries and during the period the policy is in force as to the insured or insured dependent of the insured, the company will pay the expense actually incurred for necessary X-rays, drugs and medicines not to exceed in the aggregate \$10.00 as the result of any one accident. If within 30 days after the date of such injuries the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

## PART VII EXCLUSIONS

The insurance under the policy shall not apply to such injuries sustained or disease contracted: (a) unless the insured or insured dependents of the insured are treated by a legally qualified physician or surgeon and such physician or surgeon advises the need for hospital confinement; or (b) refraction or expense of eyeglasses; or (c) loss due to dental treatment or dental surgery; or (d) any loss for disease contracted or injury sustained previous to the policy effective date as to the insured or insured dependent of the insured; or (e) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; or (f) loss due to pregnancy, miscarriage or childbirth or any illness related to any of these except as stated under Part V.

## PART VIII EXCEPTIONS

In the event space is not available for an insured or insured dependents of the insured in the University's hospital at Urbana, or at approved public hospitals in Champaign-Urbana, such insured or insured dependents of the insured, when a patient of a legally qualified physician or surgeon and who recommends that such patient be hospitalized, shall be entitled to the benefits provided in the policy, under Part II "Miscellaneous Hospital Service Expense," Part III "Physician's Expense," and Part IV "Surgical Operation Expense," while such patient is confined to the home, rooming house or residence hall the same as if such patient were hospitalized. If space becomes available before the patient has recovered, he shall be removed to the hospital. (You are privileged to use any legally operated hospital located anywhere in the world.)

## PART IX EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall



become effective on the first day of the quarter of the policy year next following the date application therefor and proper remittance are received by the University.

## PART X                      TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically:
  - a. At the expiration of the period for which premium has been paid.
  - b. On the date this policy terminates.
  - c. On the anniversary date of the policy following the date the insured ceases to be an employee of the University.
2. The insurance as respects an insured dependent of the insured shall cease automatically:
  - a. On the date the insurance of the insured terminates; except that in the event of death or retirement of the insured the insurance of any insured dependent of the insured shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent.
  - b. On the date such person ceases to be a dependent of the insured, or marries.
  - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.
  - d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.
3. Any premium for any period not covered by the policy will be returned upon written request by the insured, computed from the first of the month following the date written request for cancellation is received by the University of Illinois.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.
5. Benefits will also be paid as specified herein for loss occurring within nine months after the termination of the insurance if the insured or insured dependent of the insured, as the case may be, was pregnant at the time of termination of said insurance and the loss resulted from such pregnancy, provided the insurance as to the person whose pregnancy is the basis of claim was in force for at least nine consecutive months immediately prior to such termination.

## ORIGINAL LOW COST UNCHANGED . . .

	Quarterly	Semi-Annual	Annual
Employee only . . . . .	\$ 4.05	\$ 8.10	\$16.20
Employee and one dependent . . . . .	8.70	17.40	34.80
Employee and two or more dependents	11.25	22.50	45.00

### QUARTERLY EFFECTIVE DATES

October 1, 1951—Your choice of premium payments. (Method of premium payment may not be changed during policy year.)

January 1, 1952—Only  $\frac{3}{4}$  of the *annual* rates apply.

April 1, 1952 —Only the *semi-annual* rates apply.

July 1, 1952 —Only the *quarterly* rates apply.

## HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their *itemized* bill to the Staff Insurance Office, 222 Illini Hall, Champaign, or if Chicago Staff Personnel, Room 313C, Navy Pier.

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an *itemized* statement from your attending physician or surgeon is needed. The University blue claim *need not* be completed by the physician.
3. Payments will be made direct to the insured *unless* you complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report.

## HOW TO PARTICIPATE . . .

1. If you are already insured under this plan *do not* complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.
2. Employees who wish to be insured under the plan, other than those indicated in 1. above, should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance *to the Bursar's Office*, Room 100b Administration Building, Urbana, or if Chicago Staff Personnel to the Cashier's Office, R-12-A, Navy Pier.
3. Coverage for applications and proper remittances received prior to October 1, 1951 will become effective on that date. Coverage for applications and proper remittance received after that date will become effective on the first quarterly date following the date application and proper remittance are received. (Enrollment is limited to quarterly dates.)
4. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."
5. Inquiry about this protection is welcome at the Staff Insurance Office, Ext. 2802, Urbana; or Ext. 101, Navy Pier.
6. Again you are reminded to APPLY NOW so that you will have the protection when it is needed.





## SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance
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### 1. ABDOMEN AND PELVIC CAVITY

Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule) .....	\$125.00
Appendectomy .....	125.00
Adhesions .....	125.00
Cholecystectomy .....	125.00
Cholecystotomy .....	125.00
Choledochostomy .....	125.00
Colostomy .....	112.50
Cystotomy .....	125.00
Diverticulectomy .....	125.00
Gastrectomy .....	125.00
Gastroscopy .....	52.50
Herniorrhaphy, Single .....	75.00
Herniorrhaphy, Double .....	112.50
Herniotomy, Single .....	75.00
Herniotomy, Double .....	112.50
Hernia— injection method (entire course of treatment) .....	75.00
Laparotomy .....	125.00
Splenectomy .....	125.00

### 2. ABDOMEN—FEMALE SURGERY

Caruncle .....	22.50
Cervical Polyp .....	37.50
Cervical Stump .....	75.00
Cervix, amputation .....	75.00
Cervix, cauterization .....	22.50
Cervix, conization .....	22.50
Cervix, Dilation .....	15.00
Colporrhaphy .....	37.50
Cystocele .....	37.50
Dilatation and curettage .....	37.50
Gilliam suspension .....	125.00
Hymenectomy .....	22.50
Hysterectomy or panhysterectomy .....	125.00
Hysterectomy or panhysterectomy Vaginal approach .....	75.00
Meatus, Fulgeration of .....	7.50
Oophorectomy .....	125.00
Salpingectomy .....	125.00
Salpingoophorectomy .....	125.00
Panhysteroophorectomy .....	125.00
Panhysterosalpingectomy .....	125.00
Panhysterosalpingoophorectomy .....	200.00
Rectocele .....	37.50
Trachelorrhaphy .....	75.00
Uterus—	
Retroversion of suspension, correction by abdominal approach .....	125.00

Description of Operation	Maximum Allowance
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By vaginal approach .....	\$ 75.00
Vaginal Prolapse .....	125.00

### 3. AMPUTATION

Entire foot, arm, forearm, or entire hand .....	75.00
Fingers or toes, each (one entire phalanx) .....	15.00
Leg (below knee joint) .....	75.00
Thigh (above knee joint) .....	112.50
Thigh, including entire hip joint .....	150.00

### 4. BREAST

Amputation, single or double .....	150.00
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### 5. CHEST

Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Cutting into thoracic cavity for diagnosis or treatment .....	60.00
Induction of artificial pneumothorax .....	37.50
Pneumonectomy .....	225.00
Pneumolysis .....	60.00
Thoracotomy .....	60.00
Thoracoplasty (complete) or removal of portion of lung .....	225.00

### 6. CYSTS

Bakers .....	30.00
Branchial .....	75.00
Dermoid .....	52.50
Ganglion .....	15.00
Papillomas .....	7.50
Pilonidal .....	75.00
Scalp or skin .....	15.00
Sebaceous .....	15.00
Thyroglossal .....	75.00
Wen .....	15.00

### 7. DISLOCATION, Reduction of

Ankle, elbow, or shoulder .....	37.50
Bones of hand or foot .....	15.00
Collarbone, kneecap or patella .....	15.00
Hip or knee .....	52.50
Lower jaw or wrist .....	22.50
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	

Description of Operation	Maximum Allowance
<b>8. EAR</b>	
Fenestration (one side).....	\$112.50
Fenestration (both sides).....	150.00
Labyrinthotomy .....	225.00
Mastoidectomy (one side).....	112.50
Mastoidectomy (both sides)....	150.00
Myringotomy .....	15.00
Polyps removal .....	15.00

## 9. EYE

Cataract needling .....	52.50
Cataract removal .....	75.00
Chalazion on eyelid.....	15.00
Corneal ulcer .....	7.50
Detached retina .....	75.00
Enucleation or evisceration....	75.00
Foreign body removal.....	7.50
Glaucoma .....	75.00
Iridectomy .....	37.50
Keratotomy .....	37.50
Lachrymal gland or sac.....	37.50
Pterygium .....	30.00
Removal of eye.....	75.00
Sclerotomy .....	37.50
Strabismus, one or more stage..	52.50

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh or ver- tebra .....	75.00
Arm (lower), collarbone (clav- icle), jaw (alveolar process excepted), shoulder blade (scapula) or skull.....	37.50
Hand, feet, or sternum.....	22.50
Nose, coccyx, rib or ribs.....	15.00
Fingers or toes, one or more...	15.00

The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

## 11. GENITO-URINARY

Cystoscopy (one or more).....	22.50
Cystostomy .....	112.50
Epididymectomy .....	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	37.50
Kidney, entire removal.....	225.00

Description of Operation	Maximum Allowance
Kidney, cutting into for stones, infection or tumor.....	\$150.00
Nephrectomy .....	225.00
Nephropexy or nephrotomy....	150.00
Orchidectomy .....	52.50
Perineoplasty .....	75.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or en- doscopic means .....	37.50
Removal of entire prostate by open operation (complete)...	225.00
Removal of part of prostate by endoscopic means .....	60.00
by other cutting operation...	112.50
Stricture, cystoscope for dilation to promote passage of urine..	15.00
Stricture of Urethra open opera- tion .....	75.00
intra-urethral cutting opera- tion .....	37.50
Stress urinary incontinence (Kelly ureteral plastic).....	37.50
Varicocele, cutting operation on	37.50
Vasectomy (total removal)....	37.50
Vasotomy (an incision only)...	22.50

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes ex- cepted) .....	25.00
Bunions (one or more).....	25.00
Bursa .....	30.00
Corns (one or more).....	15.00
Carbuncle .....	15.00
Debridement .....	25.00
Embolectomy .....	75.00
Exostosis (hand or foot).....	25.00
Foreign body under skin.....	7.50
Ganglion .....	15.00
Glands, simple .....	15.00
Moles (one or more).....	15.00
Toenails, ingrown (one or more)	15.00
Ulcer .....	15.00
Warts (one or more).....	7.50
Wen .....	15.00

## 13. JOINTS AND BONES

Bone graft .....	50.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	60.00
Excision or fixation of ankle, el- bow or wrist joints.....	37.50
knee joint .....	112.50
Hip, sacroiliac or shoulder joints .....	150.00
Ligaments and tendons cutting operation .....	37.50

Description of Operation	Maximum Allowance
Suturing of tendons, single....\$	37.50
suturing of tendons, multiple.	60.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted)...	60.00
Removal of spurs from finger or heel .....	22.50
from hip .....	50.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted) .....	225.00
Removal of part of, or all of coccyx or vertebral process...	75.00

#### 14. NERVES AND NEUROSURGERY

Anastomosis .....	112.50
Chordotomy (unilateral or bilateral) .....	150.00
Cutting into cranial cavity (drill taps excepted) .....	225.00
Decompression .....	150.00
Laminectomy .....	225.00
Phrenectomy .....	75.00
Repair .....	37.50
Sympathectomy .....	150.00

#### 15. NOSE AND THROAT

Adenoidectomy .....	15.00
Antrum Puncture .....	7.50
Antrum window .....	15.00
Bronchoscopy, one or more (removal foreign body or biopsy) .....	52.50
Caldwell-Luc. ....	52.50
Ethmoidectomy .....	52.50
Frontal sinus .....	52.50
Larynx intubation .....	37.50
Larynx polyp removal.....	22.50
Laryngectomy .....	150.00
Laryngoscopy diagnostic .....	22.50
Laryngoscopy operative .....	52.50
Ligation thyroid arteries only..	75.00
Ligation thyroid arteries (two stage operation) .....	112.50
Lobectomy .....	150.00
Neoplasma of larynx.....	112.50
Polyp, removal nasal.....	15.00
Polyp, removal (bilateral).....	30.00
Salivary calculus, removal.....	15.00
Salivary gland removal.....	52.50
Submucous resection .....	52.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50
Tags, tonsil .....	15.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries.....	225.00
Thyroidectomy, partial only...	150.00
Tongue tie .....	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy .....	35.00
Tracheotomy .....	52.50

Description of Operation	Maximum Allowance
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#### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; cesarean section and delivery; delivery of child or children, including entire accouchement; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illnesses related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

#### 17. RECTUM

Anal crypts .....	\$ 15.00
Anaplasty .....	37.50
Carcinoma .....	150.00
Caldwell-Luc .....	112.50
Fissure .....	15.00
Fistula .....	52.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure) .....	52.50
Polyp .....	22.50
Prolapsed rectum .....	52.50
Stricture of anus.....	37.50

#### 18. TUMORS

Benign .....	37.50
Bladder .....	150.00
Brain .....	225.00
Kidney .....	150.00
Malignant of face, lip, or skin..	37.50
Malignant, except of face, lip or skin .....	150.00

#### 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins).....	60.00
Incision of thrombosed vein...	15.00
Saphenous vein ligation.....	37.50

#### 20. VARIOUS—MISC.

Biopsy—if no other surgery involved .....	15.00
Paracentesis, tapping .....	15.00
Radium or x-ray therapy (complete treatment) .....	15.00
Skin grafting, initial.....	37.50
Each additional grafting....	7.50
Suturing accidental wounds....	10.00
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	





FOR STAFF MEMBERS NOT YET INSURED . . . APPLICATION FOR UNIVERSITY HOSPITAL-MEDICAL-SURGICAL INSURANCE

Print clearly or type

1. Name Last First Middle Sex Age

2. Local Address Street City State Phone

3. University Address Room Bldg. Dept. Phone Ext.

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from any physical impairment or disease? (Give details of all exceptions—Existing injuries or illnesses are not covered by this insurance.)

5. What members of your family are to be insured? (To be answered only if family insurance is applied for)

Spouse Name Age Children Name Age Name Age

6. This insurance becomes effective Oct. 1, 1951 if application and proper remittance are received before that date, otherwise on the first of the quarterly month following date application and remittance are received. If application is made after October 1, compute the premium due by multiplying the number of quarters remaining, starting with the first quarter following the date of application through Sept., 1952, times the appropriate quarterly premium rate shown below—or call Staff Insurance Office, Ext. 2802 Urbana, or 101 Navy Pier.

7. PREMIUM RATES		QUARTERLY		SEMI-ANNUAL		ANNUAL	
Employee Only		\$ 4.05		\$ 8.10		\$16.20	
Employee and one dependent		8.70		17.40		34.80	
Employee and two or more dependents		11.25		22.50		45.00	

QUARTERLY DATES	
OCT. 1—1951	
JAN. 1—1952	
APR. 1—1952	
JULY 1—1952	

8. Date signed Signature of Employee

9. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO: Bursar's Office, 100b Administration Bldg., Urbana. (For Chicago Personnel—Cashiers office, R-12-A, Navy Pier.)

CLAIM RECORD

Family Member	Hospital	Physician or Surgeon	Date		Number of Days	Hospital		Medical	Surgical	Date Approved
			From	To		Room	Misc.			
						\$	\$	\$	\$	

Type of Illness

Type of Surgery

## FOR STAFF MEMBERS NOT YET INSURED . . .

## . . . APPLICATION FOR UNIVERSITY HOSPITAL-MEDICAL-SURGICAL INSURANCE

Print clearly or type

1. Name . . . . . Sex . . . . . Age . . . . .  
Last . . . . . First . . . . . Middle . . . . .2. Local Address . . . . . Phone . . . . .  
Street . . . . . City . . . . . State . . . . .3. University Address . . . . . Phone Ext. . . . .  
Room . . . . . Bldg. . . . . Dept. . . . .

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from any physical impairment or disease? (Give details of all exceptions—Existing injuries or illnesses are not covered by this insurance.) . . . . .

5. What members of your family are to be insured? (To be answered only if family insurance is applied for)

Spouse . . . . .	Children . . . . .				
Name . . . . .	Age . . . . .	Name . . . . .	Age . . . . .	Name . . . . .	Age . . . . .
		Name . . . . .	Age . . . . .	Name . . . . .	Age . . . . .

6. This insurance becomes effective Oct. 1, 1951 if application and proper remittance are received before that date, otherwise on the first of the quarterly month following date application and remittance are received.  
If application is made after October 1, compute the premium due by multiplying the number of quarters remaining, starting with the first quarter following the date of application through Sept., 1952, times the appropriate quarterly premium rate shown below—or call Staff Insurance Office, Ext. 2802 Urbana, or 101 Navy Pier.

7. PREMIUM RATES	QUARTERLY	SEMI-ANNUAL	ANNUAL
Employee Only . . . . .	\$ 4.05	\$ 8.10	\$16.20
Employee and one dependent . . . . .	8.70	17.40	34.80
Employee and two or more dependents . . . . .	11.25	22.50	45.00

## QUARTERLY DATES

OCT. 1—1951  
JAN. 1—1952  
APR. 1—1952  
JULY 1—1952

8. Date signed . . . . . Signature of Employee . . . . .

9. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 100b Administration Bldg., Urbana. (For Chicago Personnel—Cashiers office, R-12-A, Navy Pier.)

UNIVERSITY OF ILLINOIS-URBANA



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IlbuDsp  
1952/53

1952-1953  
SPECIAL GROUP PLAN  
*of*  
**HOSPITAL-MEDICAL  
SURGICAL INSURANCE**  
THIRD ANNIVERSARY

Exclusively for  
All Employees  
— and their families —  
of  
THE UNIVERSITY OF ILLINOIS



University of Illinois  
Urbana, Illinois

To Members Of The Faculty And Staff:

October 1, 1952 marks the beginning of the fourth year of the University Hospitalization Insurance Plan.

Here are important facts about the operation of this plan which are worthy of your attention:

1. The same low-cost to you remains as it was when the plan was first made available on October 1, 1949. This is of tremendous importance in view of the ever increasing cost of such insurance due to the continued increase in hospitalization costs, and reflects the careful consideration that was given three years ago by a representative committee of Faculty and Staff members who studied and recommended this plan.
2. The plan was developed and continues to grow by your voluntary participation.
3. An additional 585 joined the plan during the 1951-1952 policy year.
4. In excess of 8500 persons including employees and their families are presently insured by this plan.
5. The national trend is that more and more persons are buying this kind of insurance. A high participation in the University of Illinois Group Plan by the Faculty and Staff will assure the continued offering of a plan that cannot be duplicated in value.
6. The University has its own Staff Insurance Office to expedite the handling of claims.
7. The plan is underwritten by a large and reputable insurance company--Continental Casualty Company of Chicago.

Those who are enjoying the protection available through this plan can, I am sure, attest to its unsurpassed value. The rest are urged to give this Well-Balanced, Low-Cost Plan favorable consideration. An application is attached hereto.

Sincerely yours,



Lloyd Morey  
Comptroller

Illinois  
1952/53

## WHO ARE ELIGIBLE?

1. All full-time and part-time Employees of the University of Illinois and its Branches, the Staff of Allied Surveys and Laboratories on the University Campus, and the Athletic Association Staff may participate in the plan regardless of age, physical condition or occupation.
2. Employees who join the University become eligible for this insurance at the effective date of their employment and may be insured on the first quarterly date following the date application with proper remittance are RECEIVED.
3. Such employees enumerated above may continue to participate should they take approved disability leave, sick leave or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding similar coverage.
4. Employees entering retirement during the 1952-53 policy year are eligible to continue participating if they participated for at least one year immediately prior to the time of retirement.
5. Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those legally adopted) over one month and under nineteen years of age, who are not otherwise subject to the Student Group Plan of the University, are eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance are RECEIVED prior to that date, otherwise on the first quarterly date following the date application and proper remittance are RECEIVED.
6. Spouses not remarried and/or other eligible dependents as indicated above of deceased employees are eligible to *continue* participation.
7. Medical examination is not required; however, you and your eligible dependents will be covered *only* for any injury or disease which has its inception after the effective date of coverage in the University Faculty-Staff Insurance Plan.

## LIBERAL BENEFITS ARE PROVIDED . . .

The following HOSPITAL—MEDICAL—SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss *resulting directly and independently of all other causes from non-occupational, accidental bodily injuries sustained during the term of coverage and against loss resulting from disease contracted during the term of coverage* subject to all of the provisions as outlined herein.

### PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, *the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as a bed patient in any legally operated hospital for a continuous period of at least twelve hours*, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$6.50 per day for such hospital residence but in no event will the company's payments exceed \$201.50 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease *and while in residence as a bed patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, and X-rays, the company will pay the actual expense thereof not to exceed in the aggregate \$32.50 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART III PHYSICIAN'S EXPENSE

If, on account of such injuries or disease *and while in residence as a bed patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each day not to exceed \$3.00 per day but in no event will the company's payments exceed \$93.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)



#### PART IV      SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease *and while in residence as a bed patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount as specified in the Schedule of Expense Benefits for Surgical Procedures on pages 9-11.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

#### PART V      MATERNITY EXPENSE, AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy; if the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously covered under University policy No. 10-SRD-48019 that this policy replaces, the effective date of such maternity coverage shall be the effective date of the maternity coverage of that policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related directly or indirectly to any of these, the maximum allowance for the combined Hospital—Medical—Surgical expense shall not exceed \$65.00 for delivery of child or children or any illness related directly or indirectly thereto; \$130.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related directly or indirectly thereto; \$32.50 for abortion or miscarriage or any illness related directly or indirectly thereto.

#### PART VI      MISCELLANEOUS HOSPITAL—OUTPATIENT EXPENSE

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated *in a hospital within 24 hours after*

*the occurrence of such injuries* and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the miscellaneous hospital expense actually incurred not to exceed in the aggregate \$10.00 as the result of any one accident. If within 30 days after the date of such injuries the insured or insured dependents of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

## PART VII

## EXCLUSIONS

The insurance under the policy shall not apply to such injuries sustained or disease contracted: (a) unless hospital residence is required in the treatment thereof; or (b) hospital admission solely for x-ray, Laboratory, electrocardiographic, basal metabolism, or other examinations relating to such injuries or disease for which hospital residence is not required; or (c) refraction or expense of eyeglasses; or (d) loss due to dental treatment or dental surgery; or (e) any loss for disease contracted or injury sustained previous to the policy effective date as to the insured or insured dependent of the insured; or (f) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; or (g) loss due to pregnancy, miscarriage or childbirth or any illness related directly or indirectly to any of these except as stated under Part V; or (h) care provided by a health resort or rest home; or (i) care provided by a governmental agency without cost to the insured or insured dependents of the insured.

## PART VIII

## EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective on the first day of the quarter of the policy year next following the date application therefor and proper remittance are received by the University.

## PART IX

## TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically:
  - a. At the expiration of the period for which premium has been paid.
  - b. On the date this policy terminates.
  - c. On the anniversary date of the policy following the date the insured ceases to be an employee of the University.

2. The insurance as respects an insured dependent of the insured shall cease automatically:
  - a. On the date the insurance of the insured terminates; except that in the event of death or retirement of the insured the insurance of any insured dependent of the insured shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent.
  - b. On the date such person ceases to be a dependent of the insured, or marries.
  - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.
  - d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.
3. Any premium for any period not covered by the policy will be returned upon written request by the insured, computed from the first of the month following the date written request for cancellation is received by the University of Illinois.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.
5. Benefits will also be paid as specified herein for loss occurring within nine months after the termination of the insurance if the insured or insured dependent of the insured, as the case may be, was pregnant at the time of termination of said insurance and the loss resulted from such pregnancy, provided the insurance as to the person whose pregnancy is the basis of claim was in force for at least nine consecutive months immediately prior to such termination.

## ORIGINAL LOW COST UNCHANGED . . .

	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
Employee only . . . . .	\$ 4.05	\$ 8.10	\$16.20
Employee and one dependent. . . . .	8.70	17.40	34.80
Employee and two or more dependents. . . . .	11.25	22.50	45.00

### QUARTERLY EFFECTIVE DATES

October 1, 1952—Your choice of premium payments. (Method of premium payment may not be changed during policy year.)

January 1, 1953—Only  $\frac{3}{4}$  of the *annual* rates apply.

April 1, 1953 —Only the *semi-annual* rates apply.

July 1, 1953 —Only the *quarterly* rates apply.

(If in doubt as to amount call Ext. 2802 at Urbana, or Ext. 101 at Navy Pier)

## HOW TO PRESENT CLAIMS . . .

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their *itemized* bill to the Staff Insurance Office, 222 Illini Hall, Champaign, or if Chicago Staff Personnel, Room 313C, Navy Pier.

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an *itemized* statement from your attending physician or surgeon is needed. The University blue claim *need not* be completed by the physician.
3. Payments will be made direct to the insured *unless* you complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report.



## HOW TO PARTICIPATE . . .

1. *If you are already insured under this plan do not complete a new application.* Premium notices and new insurance certificates will be sent automatically to present participants.
2. Employees, others than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance *to the Bursar's Office*, Room 100b Administration Building, Urbana, or if Chicago Staff Personnel to the Cashier's Office, R-12-A, Navy Pier.
3. Coverage for applications and proper remittances received prior to October 1, 1952 will become effective on that date. Coverage for applications and proper remittance received after that date will become effective on the first quarterly date following the date application and proper remittance are received. (Enrollment is limited to quarterly dates.)
4. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."
5. Inquiry about this protection is welcome at the Staff Insurance Office, Ext. 2802, Urbana; or Ext. 101, Navy Pier.
6. APPLY NOW so that you will have protection when it is needed.

THE ATTACHED APPLICATION

is for the use

of

Those Employees Who Are Not As Yet

Insured Under This

SPECIAL GROUP PLAN

Part IV. (Continued)

# **SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES**

Description of Operation	Maximum Allowance
--------------------------	-------------------

## **1. ABDOMEN AND PELVIC CAVITY**

Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule) .....	\$125.00
Appendectomy .....	125.00
Adhesions .....	125.00
Cholecystectomy .....	125.00
Cholecystotomy .....	125.00
Choledochostomy .....	125.00
Colostomy .....	112.50
Cystotomy .....	125.00
Diverticulectomy .....	125.00
Gastrectomy .....	125.00
Gastroscopy .....	52.50
Herniorrhaphy, Single .....	75.00
Herniorrhaphy, Double .....	112.50
Herniotomy, Single .....	75.00
Herniotomy, Double .....	112.50
Hernia—incision method (entire course of treatment) .....	75.00
Laparotomy .....	125.00
Splenectomy .....	125.00

## **2. ABDOMEN—FEMALE SURGERY**

Caruncle .....	22.50
Cervical Polyp .....	37.50
Cervical Stump .....	75.00
Cervix, amputation .....	75.00
Cervix, cauterization .....	22.50
Cervix, conization .....	22.50
Cervix, Dilation .....	15.00
Colporrhaphy .....	37.50
Cystocele .....	37.50
Dilatation and curettage .....	37.50
Gilliam suspension .....	125.00
Hymenectomy .....	22.50
Hysterectomy or panhysterectomy .....	125.00
Hysterectomy or panhysterectomy Vaginal approach .....	75.00
Meatus, Fulgeration of .....	7.50
Oophorectomy .....	125.00
Salpingectomy .....	125.00
Salpingoophorectomy .....	125.00
Panhysteroophorectomy .....	125.00
Panhysterosalpingectomy .....	125.00
Panhysterosalpingoophorectomy .....	200.00
Rectocele .....	37.50
Trachelorrhaphy .....	75.00
Uterus—	
Retroversion of suspension, correction by abdominal approach .....	125.00

Description of Operation	Maximum Allowance
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By vaginal approach .....	\$ 75.00
Vaginal Prolapse .....	125.00

## **3. AMPUTATION**

Entire foot, arm, forearm, or entire hand .....	75.00
Fingers or toes, each (one entire phalanx) .....	15.00
Leg (below knee joint) .....	75.00
Thigh (above knee joint) .....	112.50
Thigh, including entire hip joint .....	150.00

## **4. BREAST**

Amputation, single or double .....	150.00
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## **5. CHEST**

Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Cutting into thoracic cavity for diagnosis or treatment .....	60.00
Induction of artificial pneumothorax .....	37.50
Pneumonectomy .....	225.00
Pneumolysis .....	60.00
Thoracotomy .....	60.00
Thoracoplasty (complete) or removal of portion of lung .....	225.00

## **6. CYSTS**

Bakers .....	30.00
Branchial .....	75.00
Dermoid .....	52.50
Ganglion .....	15.00
Papillomas .....	7.50
Pilonidal .....	75.00
Scalp or skin .....	15.00
Sebaceous .....	15.00
Thyroglossal .....	75.00
Wen .....	15.00

## **7. DISLOCATION, Reduction of**

Ankle, elbow, or shoulder .....	37.50
Bones of hand or foot .....	15.00
Collarbone, kneecap or patella .....	15.00
Hip or knee .....	52.50
Lower jaw or wrist .....	22.50

For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.

Description of Operation	Maximum Allowance
<b>8. EAR</b>	
Fenestration (one side).....	\$112.50
Fenestration (both sides).....	150.00
Labyrinthotomy .....	225.00
Mastoidectomy (one side) .....	112.50
Mastoidectomy (both sides).....	150.00
Myringotomy .....	15.00
Polyps removal .....	15.00

## 9. EYE

Cataract needling .....	52.50
Cataract removal .....	75.00
Chalazion on eyelid.....	15.00
Corneal ulcer .....	7.50
Detached retina .....	75.00
Enucleation or evisceration.....	75.00
Foreign body removal.....	7.50
Glaucoma .....	75.00
Iridectomy .....	37.50
Keratotomy .....	37.50
Lachrimal gland or sac.....	37.50
Pterygium .....	30.00
Removal of eye.....	75.00
Sclerotomy .....	37.50
Strabismus, one stage .....	52.50
Strabismus, two or more stages	75.00

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh or ver- tebra .....	75.00
Arm (lower), collarbone (clav- icle), jaw (alveolar process ex- cepted), shoulder blade (scap- ula) or skull .....	37.50
Hand, feet, or sternum.....	22.50
Nose, coccyx, rib or ribs.....	15.00
Fingers or toes, one or more....	15.00

The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture

## 11. GENITO-URINARY

Cystoscopy (one or more).....	22.50
Cystostomy .....	112.50
Epididymectomy .....	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	37.50

Description of Operation	Maximum Allowance
Kidney, entire removal.....	\$225.00
Kidney, cutting into for stones, infection or tumor.....	150.00
Nephrectomy .....	225.00
Nephropexy or nephrotomy.....	150.00
Orchidectomy .....	52.50
Perineoplasty .....	75.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or en- doscopic means .....	37.50
Removal of entire prostate by open operation (complete).....	225.00
Removal of part of prostate by endoscopic means .....	60.00
by other cutting operation.....	112.50
Stricture, cystoscope for dilation to promote passage of urine....	22.50
Stricture of urethra open opera- tion .....	75.00
intra-urethral cutting opera- tion .....	37.50
Stress urinary incontinence (Kelly ureteral plastic).....	37.50
Varicocele, cutting operation on	37.50
Vasectomy (total removal) .....	37.50
Vasotomy (an incision only).....	22.50

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes ex- cepted) .....	25.00
Bunions (one or more).....	25.00
Bursa .....	30.00
Corns (one or more).....	15.00
Carbuncle .....	15.00
Debridement .....	25.00
Embolectomy .....	75.00
Exostosis (hand or foot).....	25.00
Foreign body under skin.....	7.50
Ganglion .....	15.00
Glands, simple .....	15.00
Moles (one or more).....	15.00
Toenails, ingrown (one or more)	15.00
Ulcer .....	15.00
Warts (one or more).....	7.50
Wen .....	15.00

## 13. JOINTS AND BONES

Bone graft .....	50.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	60.00
Excision or fixation of ankle, elbow or wrist joints.....	37.50
knee joint .....	112.50
Hip, sacroiliac or shoulder joints .....	150.00
Ligaments and tendons cutting operation .....	37.50



Description of Operation	Maximum Allowance
Suturing of tendons, single.....	\$ 37.50
suturing of tendons, multiple..	60.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted).....	60.00
Removal of spurs from finger or heel .....	22.50
from hip .....	50.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted) .....	225.00
Removal of part of, or all of coccyx or vertebral process.....	75.00

#### 14. NERVES AND NEURO SURGERY

Anastomosis .....	112.50
Chordotomy (unilateral or bilateral) .....	150.00
Cutting into cranial cavity (drill taps excepted) .....	225.00
Decompression .....	150.00
Laminectomy .....	225.00
Phrenectomy .....	75.00
Repair .....	37.50
Sympathectomy .....	150.00

#### 15. NOSE AND THROAT

Adenoidectomy .....	15.00
Antrum Puncture .....	7.50
Antrum window .....	15.00
Bronchoscopy, one or more (removal foreign body or biopsy) .....	52.50
Caldwell-Luc .....	52.50
Ethmoidectomy .....	52.50
Frontal sinus .....	52.50
Larynx intubation .....	37.50
Larynx polyp removal .....	22.50
Larynectomy .....	150.00
Laryngoscopy diagnostic .....	22.50
Laryngoscopy operative .....	52.50
Ligation thyroid arteries only....	75.00
Ligation thyroid arteries (two stage operation) .....	112.50
Lobectomy .....	150.00
Neoplasma of larynx.....	112.50
Polyp, removal nasal.....	15.00
Polyp, removal (bilateral).....	30.00
Salivary calculus, removal.....	15.00
Salivary gland removal.....	52.50
Submucous resection .....	52.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50
Tags, tonsil .....	15.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries .....	225.00
Thyroidectomy, partial only.....	150.00
Tongue tie .....	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy .....	35.00
Tracheotomy .....	52.50

Description of Operation	Maximum Allowance
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#### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; cesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illnesses related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

#### 17. RECTUM

Anal crypts .....	\$ 15.00
Anaplasty .....	37.50
Carcinoma .....	150.00
Caldwell-Luc .....	112.50
Fissure .....	15.00
Fistula .....	52.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure) .....	52.50
Polyp .....	22.50
Prolapsed rectum .....	52.50
Stricture of anus.....	37.50

#### 18. TUMORS

Benign .....	37.50
Bladder .....	150.00
Brain .....	225.00
Kidney .....	150.00
Malignant of face, lip, or skin....	37.50
Malignant, except of face, lip or skin .....	150.00

#### 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins).....	60.00
Incision of thrombosed vein.....	15.00
Saphenous vein ligation.....	37.50

#### 20. VARIOUS—MISC.

Biopsy—if no other surgery involved .....	15.00
Paracentesis, tapping .....	15.00
Radium or x-ray therapy (each treatment) .....	10.00
Skin grafting, initial .....	37.50
Each additional grafting.....	7.50
Suturing all accidental wounds....	10.00
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	



**FOR STAFF MEMBERS NOT YET INSURED . . .  
 . . . APPLICATION FOR UNIVERSITY HOSPITAL-MEDICAL-SURGICAL INSURANCE**

**Print clearly or type**

1. Name ..... Last ..... First ..... Middle ..... Sex ..... Age .....
  2. Local Address ..... Street ..... City ..... State ..... Phone .....
  3. University Address ..... Room ..... Bldg. ..... Dept. .... Phone Ext. ....
  4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease? (Give details of all exceptions—Existing injuries or illnesses are not covered by this insurance.) .....

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  5. What members of your family are to be insured? (To be answered only if family insurance is applied for)
- |  |  |  |
|--|--|--|
| Spouse .....<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Age</span> </div> | Children .....<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Age</span> </div> | <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Age</span> </div> |
|--|--|--|
- 
6. This insurance becomes effective Oct. 1, 1952 if application and proper remittance are received before that date, otherwise on the first of the quarterly month following date application and proper remittance are received.
- |  |                                       |  |
|--|---------------------------------------|--|
| 7. PREMIUM RATES<br>Employee Only .....<br>Employee and one dependent .....<br>Employee and two or more dependents ..... | QUARTERLY<br>\$ 4.05<br>8.70<br>11.25 | SEMI-ANNUAL<br>\$ 8.10<br>17.40<br>22.50 |
|  | ANNUAL<br>\$16.20<br>34.80<br>45.00   |  |
- If application is made after October 1, refer to page six of the attached booklet for proper rates  
 —or call Staff Insurance Office, Ext. 2802 Urbana, or 101 Navy Pier.

<b>QUARTERLY DATES</b>	
OCT. 1—1952	
JAN. 1—1953	
APR. 1—1953	
JULY 1—1953	

8. Date signed ..... Signature of Employee .....
9. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
 Bursar's Office, 100b Administration Bldg., Urbana. (For Chicago Personnel—Cashiers office, R-12-A, Navy Pier.)

For office use only.

CLAIM RECORD

Family Member	Hospital	Physician or Surgeon	Date		Number of Days	Hospital		Medical	Surgical	Date Approved
			From	To		Room	Misc.			
						\$	\$	\$	\$	

Type of Illness.....

.....

.....

Type of Surgery.....

.....

.....

.....





SRA 6734-A

FOR STAFF MEMBERS NOT YET INSURED . . .  
. . . APPLICATION FOR UNIVERSITY HOSPITAL-MEDICAL-SURGICAL INSURANCE  
Print clearly or type

1. Name.....Sex.....Age.....  
Last First Middle

2. Local Address.....Phone.....  
Street City State

3. University Address.....Phone Ext.....  
Room Bldg. Dept.

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease? (Give details of all exceptions—Existing injuries or illnesses are not covered by this insurance.).....

5. What members of your family are to be insured? (To be answered only if family insurance is applied for)

Spouse.....	Children.....
Name Age	Name Age
Name Age	Name Age

6. This insurance becomes effective Oct. 1, 1952 if application and proper remittance are received before that date, otherwise on the first of the quarterly month following date application and proper remittance are received.

7. PREMIUM RATES	QUARTERLY	SEMI-ANNUAL	ANNUAL
Employee Only	\$ 4.05	\$ 8.10	\$16.20
Employee and one dependent	8.70	17.40	34.80
Employee and two or more dependents	11.25	22.50	45.00

QUARTERLY DATES
OCT. 1—1952
JAN. 1—1953
APR. 1—1953
JULY 1—1953

If application is made after October 1, refer to page six of the attached booklet for proper rates —or call Staff Insurance Office, Ext. 2802 Urbana, or 101 Navy Pier.

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UNIVERSITY OF ILLINOIS-URBANA

